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2007 APR 25 AM 10:06

MICHAEL A. BROWN
RECORDER

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[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: 4/18/2007

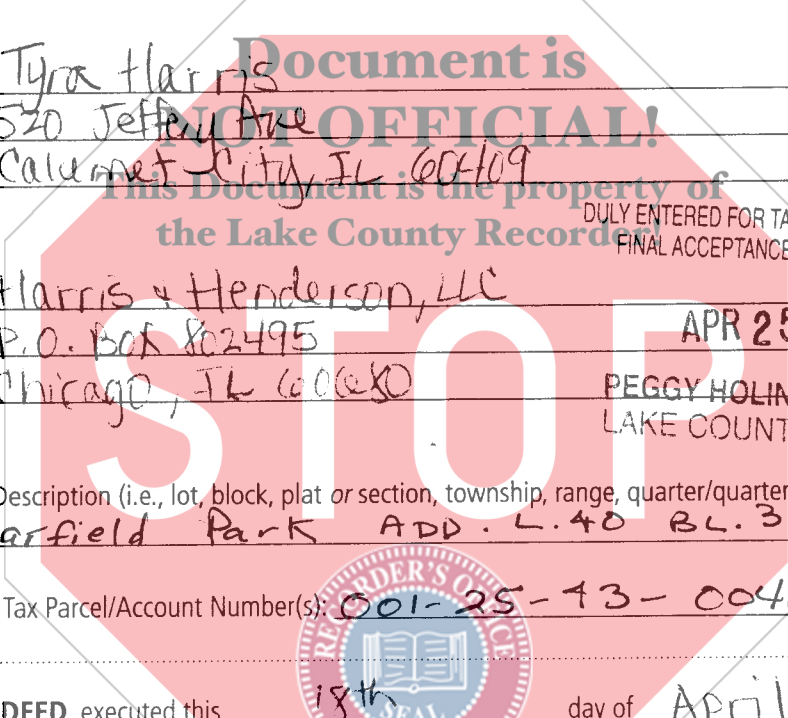
Reference Number of Any Related Documents: _____

Grantor:

Name Tyra Harris
Street Address 520 Jeffrey Ave
City/State/Zip Calumet City, IL 60409

Grantee:

Name Harris & Henderson, LLC
Street Address P.O. Box 802495
City/State/Zip Chicago, IL 60680



Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Garfield Park ADD. L.40 BL.3 L.41 BL.3

Assessor's Property Tax Parcel/Account Number(s): 001-25-13-0046-0041

THIS QUITCLAIM DEED, executed this 18th day of April, 2007, by first party, Grantor, Tyra Harris, whose mailing address is 520 Jeffrey Ave Calumet City, IL 60409, to second party, Grantee, Harris & Henderson LLC, whose mailing address is P.O. Box 802495, Chicago, IL 60680.

WITNESSETH that the said first party, for good consideration and for the sum of Zero Dollars (\$ 0.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

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which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana
to wit: 2673 Tyler St, Gary, IN

Garfield Park Add. L.90 Bl.3 L.4, Bl.3

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____

Print Name of Witness _____

Signature of Witness _____

Print Name of Witness _____

Signature of Grantor Tyra Harris

Print Name of Grantor Tyra Harris

State of INDIANA

County of LAKE

Document is NOT OFFICIAL!

On April 18, 2014 before me, Carol J. Cody,
appeared Tyra D. Harris, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Carol J. Cody
Signature of Notary

CAROL J. CODY
Notary Public
State of Indiana
My Commission Expires Oct 11, 2014

Affiant Known Produced ID Drivers License
Type of ID _____
(Seal)



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: JXL